CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Address to.

Application Number	10/643,438	
Filing Date	August 19, 2003	
First Named Inventor	Debra Bernstein et al.	
Group Art Unit	2183	
Examiner Name		
Attorney Docket Number	10559-076002	

Co. Box 1450	Firm or Individual Name Address Address City Country Telephone This form cannot be usedata associated with a Change" (PTO/SB/124) I am the :	espondence Address for nber: 209 Scott C. Harris United States of America	the above-identified applica 85 State	ition to:
Customer Number: 20985 Firm or Individual Name	Firm or Individual Name Address Address City Country Telephone This form cannot be usedata associated with a Change" (PTO/SB/124) I am the :	Scott C. Harris United States of America	85 State	
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Firm or Individual Name Scott C. Harris	Firm or Individual Name Address Address City Country Telephone This form cannot be used as associated with a Change" (PTO/SB/124) I am the :	Scott C. Harris United States of America	State	Zip
Address Address City State Zip Country United States of America Telephone (858) 678-5070 Fax (858) 678-5099 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. Attorney or agent of record. Registration Number 32,030 Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 32,030 Typed or Printed Name Scott C. Harris Signature	Individual Name Address Address City Country Telephone This form cannot be usedata associated with a Change" (PTO/SB/124) I am the :	United States of Americ		Zip
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Name Scott C. Harris Signature				
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July 34 115	Name	Scott C. Harris		
Date April 20, 2004 Telephone (858) 678-5070	Signature	tt Sprn		
	Date April 2	- '		

★Total of 1 forms are submitted.

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